

Mar-08-07 03:55pm From:

+12138928494

T-154 P.002/007 F-881

Practitioner's Docket No. LA-1279-4073S/10408871

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of:

Application No.: 10 / 560,571

Group No.:

Filed:

Examiner:

For:

☐ Patent*:

Issued:

NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Mail Stop 16 to address.

Mail Stop 16

Director of the U.S. Patent and Trademark Office

P.O. Box 1450,

Alexandria, VA 22313-1450

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

NOTE (HAND CARRIED): "Refund requests, deposit account replenishments, and maintenance fee payments may be hand carried to the Office of Finance receptionist in Suite 300, 2051 Jamieson Avenue (Caryle Place building), Alexandria, VA 22314. Hand carried correspondence will only be accepted, and not processed. Although the receptionist will not process any correspondence, if the correspondence is delivered with an itemized postcard, the receptionist will provide a delivery receipt by date stamping the postcard. Depending on whether the correspondence is a refund request, deposit account related (e.g., a deposit account replenishment), or maintenance fee related (e.g., a maintenance fee payment), the correspondence should be placed in an envelope with REFUND, DEPOSIT ACCOUNT, or MAINTENANCE FEE written in dark ink across the envelope." See "Updated Lists of Exceptions to the Centralized Delivery and Facsimile Transmission Policy for Patent Related Correspondence," September

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☐ deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

37 C.F.R. § 1.8(a)

☐ with sufficient postage as first class mail.

37 C.F.R. § 1.10*

☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273-6500.

Date: March 8, 2007

Signature

Cristene Amador

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Request for Refund (Improper Charge of Credit Card Account) [10-4]—page 1 of 4)

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19, 2005; 1299 OG 98, October 18, 2005, Exceptions for Certain Hand Carried Correspondence, Item 12.

NOTE (FACSIMILE): Refund requests facsimile number 571-273-8500. See "Updated Lists of Exceptions to the Centralized Delivery and Facsimile Transmission Policy for Patent Related Correspondence," September 19, 2005; 1299 OG 98, October 18, 2005, Exceptions for Certain Facsimile Transmitted Correspondence, Item 13.

NOTE: 37 C.F.R. § 1.26 Refunds.

(a) The Commissioner may refund any fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee, such as when a party desires to withdraw a patent or trademark filing for which the fee was paid, including an application, an appeal, or a request for an oral hearing, will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts. If a party paying a fee or requesting a refund does not provide the banking information necessary for making refunds by electronic funds transfer (31 U.S.C. 3332 and 31 CFR part 208), or instruct the Office that refunds are to be credited to a deposit account, the Commissioner may require such information, or use the banking information on the payment instrument to make a refund. Any refund of a fee paid by credit card will be by a credit to the credit card account to which the fee was charged.

(b) Any request for refund must be filed within two years from the date the fee was paid, except as otherwise provided in this paragraph or in § 1.28(a). If the Office charges a deposit account by an amount other than an amount specifically indicated in an authorization (§ 1.28(b)), any request for refund based upon such charge must be filed within two years from the date of the deposit account statement indicating such charge, and include a copy of that deposit account statement. The time periods set forth in this paragraph are not extendable.

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account
50-0337 shown on the statement dated January 31, 2007
above-identified for the

- ☒ application.
☐ patent.

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

(Request for Refund (Improper Charge of Credit Card Account) [18-4]—page 2 of 4)

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II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> Basic fee	
<input checked="" type="checkbox"/> Examination fee 1311 Utility Examination Fee	\$ 200.00
<input checked="" type="checkbox"/> Search fee 1111 Utility Search Fee	\$ 300.00
<input type="checkbox"/> Additional fee for specification and drawings	\$
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	
and/or	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application. (37 C.F.R. § 1.16(e))	
<input type="checkbox"/> Extension of term	
<input type="checkbox"/> first month	
<input type="checkbox"/> second month	
<input type="checkbox"/> third month	
<input type="checkbox"/> fourth month	
<input type="checkbox"/> fifth month	
<input type="checkbox"/> Excess claims	
<input type="checkbox"/> Issue fee	
<input type="checkbox"/> Petition fee	
<input type="checkbox"/> Patent maintenance fee	
<input type="checkbox"/> first maintenance fee	
<input type="checkbox"/> second maintenance fee	
<input type="checkbox"/> third maintenance fee	
<input type="checkbox"/> Patent maintenance fee surcharge	
<input checked="" type="checkbox"/> Other <u>1641-National Stage Search Fee</u>	\$100.00
TOTAL REFUND REQUESTED	\$600.00

(Request for Refund (Improper Charge of Credit Card Account) [18-4]—page 3 of 4)

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III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The application number 10/560,571 does not seem to be associated with our Customer Number 00167 or our Deposit Account Number 50-0337.

Please proceed to refund the charges back to our account number 50-0337.

IV. MANNER OF REFUND

Please make the refund by

- ☒ Crediting Deposit Account No. 50-0337
☐ Crediting applicant's credit card as shown on the attached credit card authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

- ☐ Sending refund check to applicant
☐ By electronic funds transfer using the banking information on the payment instrument.

Reg. No.: 25,090

Tel. No.: (213) 892-9200

Customer No.: 00167


SIGNATURE OF PRACTITIONER

M. John Carson

(Type or print name of practitioner)

FULBRIGHT & JAWORSKI L.L.P.

P.O. Address

555 South Flower Street, 41st Floor
Los Angeles, CA 90071

(Request for Refund (Improper Charge of Credit Card Account) [18-4]-page 4 of 4)



UNITED STATES PATENT AND TRADEMARK OFFICE

United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
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To replenish your deposit account, detach and return top portion with your check. Make checks payable to "Director of the USPTO."

FULBRIGHT & JAWORSKI, LLP
M. JOHN CARSON
555 SOUTH FLOWER STREET
41ST FLOOR
LOS ANGELES CA 90071

FINA

Account No.	500337
Date	1-31-07
Page	1

**PLEASE SEND REMITTANCES TO:
U.S. Patent and Trademark Office
P.O. Box 371279
Pittsburgh PA 15251-7279**

Call the Deposit Account Branch at 571-272-6500 for assistance.

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1	8	07	2339					
1	8	07	2340					

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AN AMOUNT SUFFICIENT TO
COVER ALL SERVICES REQUESTED
MUST ALWAYS BE ON DEPOSIT

OPENING BALANCE	TOTAL CHARGES:	TOTAL CREDITS	CLOSING BALANCE
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PAGE 6/7 * RCVD AT 3/8/2007 7:07:50 PM (Eastern Standard Time) * SVR:USPTO-EFXRF-6/25 * DNS:2736500 * CSID:+12138929494 * DURATION (mm:ss):02:10

Mar-08-07 03:55pm From-

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FULBRIGHT & JAWORSKI L.L.P.

A REGISTERED LIMITED LIABILITY PARTNERSHIP
555 SOUTH FLOWER STREET
FORTY-FIRST FLOOR
LOS ANGELES, CALIFORNIA 90071
WWW.FULBRIGHT.COM

FACSIMILE TRANSMISSION**DATE:** March 8, 2007**MATTER NUMBER:** 13688 00000040

RECIPIENT(S):	FAX NO.:	PHONE NO.:
DEPOSIT ACCOUNT REFUND BRANCH	571-273-6500	571-272-6500
UNITED STATES PATENT & TRADEMARK OFFICE		

FROM: Cristene Amador**FLOOR:** 40**PHONE:** (213) 892-9252**FAX:** (213) 892-9494**RE:** Deposit Account 50-0337**NUMBER OF PAGES INCLUDING COVER PAGE:** 7 **Originals Will Not Follow****MESSAGE:**

Please review the following request and refund the amount of \$600 back into our account 50-0337.

Thank you for your help with this matter.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE IS CONFIDENTIAL AND MAY ALSO CONTAIN PRIVILEGED ATTORNEY-CLIENT INFORMATION OR WORK PRODUCT. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THE FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
CRISTENE AMADOR AT 213-892-9252 AS SOON AS POSSIBLE.**